

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mm</i>		10/18/01
O.I.P.E. CLASSIFIER	<i>mm</i>	12	10-30-01
FORMALITY REVIEW	<i>cg</i>	1122 020	11/14/01 61-8-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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10-4-11-14-01

9-02
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